

EXECUTIVE SUMMARY

State Plan 2001: Blueprint for Change North Carolina's Reform Plan for Mental Health, Developmental Disabilities and Substance Abuse Services

This report outlines a plan to reform the North Carolina system of mental health, developmental disabilities and substance abuse services (mh/dd/sa) in ways that will substantially improve services—to vulnerable populations, to communities, and to all North Carolinians.

In all its work, the Division of Mental Health, Developmental Disabilities and Substance Abuse Services strives to assist North Carolinians to become independent, healthy and safe. Achieving better outcomes in this endeavor requires an integrated, collaborative approach to human services within the Division and among local management entities (LME), providers and local partners.

A reality in human services is that consumers and families often face multiple, related needs. The key to their success is ready access to a full range of supports in a coordinated and seamless way.

This plan will replace a complex system that doesn't reach its full potential with an integrated one that provides uniform access to meeting the needs of each client or family member.

It will also elevate the importance of health and prevention, matters of significance to all North Carolinians, in the work of the Divisions, the LMEs and of communities.

Some of the major directions outlined in this Plan include:

Consumer and family involvement in the planning and delivery of services. Over the past decade, the public health and human service field has become increasingly aware of the value of involving people who have used mental health, developmental disabilities and substance abuse services in decision making at all levels. The State Plan recognizes that recipient experiential knowledge and perspectives add a dimension to the decision making process that results in more effective services. The state plan companion document entitled *Feedback from the Public* offers additional information on advice given by consumer and family members in how services and supports can best meet the needs of local communities. To learn more about the role of consumers and family members in the new mh/dd/sas system, please refer to the document entitled "Consumer and Family Involvement."

Under the Uniform Portal of Access model, each LME will establish a uniform process for soliciting and evaluating referrals for services, matching individuals to the services they need, managing access so that those most in need get priority access, and monitoring results. We believe that the introduction of uniform access to core community support services will provide LME's with a powerful new way to manage the resources of their local mh/dd/sas system.

To learn more about the purpose and process of the uniform access model, please refer to Chapter Three entitled “Designing a New MH/DD/SAS System” in the primary state plan document.

DHHS will contract with a single vendor to support the LMEs by providing screening, referral, and crisis hotline and utilization management services statewide. The vendor will be available to take calls 24/7 through a single, statewide 800 number. To learn more about utilization management, please refer to Chapter Three entitled “Designing a New MH/DD/SAS System” in the primary state plan document.

Providing services and supports to individuals with the most severe disabilities will be the primary focus of the redesigned system. The State Plan focuses on providing services to target populations and includes criteria for identifying those who are targeted. The reform legislation requires that, within available resources, each area authority or county program assure the availability of certain core functions to anyone who needs them. Core services are of two types. The first type, service capacity, includes screening, assessment and referral, as well as emergency services. Indirect services such as consultation, prevention and education are provided at a community level. Additional information on target populations among the various disabilities can be found in Chapter Three entitled “Designing a New MH/DD/SAS System” in the primary state plan document. In the near future, each disability section will have their own work included in our series of state plan documents.

A focus on increasing accountability through quality management and performance outcome monitoring. The Division has several major initiatives underway to significantly raise the level of accountability in the system such as building upon the Medicaid Management Information System and IPRS for DHHS coordination, along with the adoption of new rules and statute revisions. Ongoing quality management activities ensure that programs operate according to nationally accepted standards of best practices. To learn more about the state’s quality management program, please refer to the section on Department/Division Coordination and Infrastructure in the main document, along with the state plan companion documents entitled “Quality Management” and “Staff Competencies.”

Expansion of the role of local government whereby service systems will be developed and managed by an area authority or county program referred to as the Local Management Entity (LME). LME’s, along with their community partners will develop local business plans, perform strategic planning, develop an extensive network of both professional and community-support programs and qualified providers, assure staff and provider competencies and monitor the quantity and quality of services available within a specified geographic region. Further information about the role of the LME and the development of a local business plan can be found in the main state plan document, along with the state plan companion document entitled *Requirements of a Local Business Plan*.

The Work Ahead

This plan entitled *State Plan 2001: Blueprint for Change* represents the beginning of an extensive process. The plan provides the outline of a new structure for the Division of MH/DD/SAS. Much detail must be added during the coming months, and as additional planning moves ahead. The State Plan implementation steps were developed using a project management software application. The elements and parameters of this implementation

plan will be steadily broadened and refined to include increasing levels of detail and timeframes as various parties identify them. In this way, all interested parties can monitor progress, review accomplishments and be informed of changes. To review the implementation tasks and deadlines for the coming months as the planning moves forward, please refer to the section entitled “Implementation Plan” in the main document of the state plan.

In Closing

This plan seeks to build on past progress, along with introducing key initiatives statewide. The plan sets out the mission, vision, and principles under which the new system will operate. It holds the promise of creating a system that’s more sharply focused on better outcomes for clients and communities.

North Carolina State Plan 2001: Blueprint for Change can be located at the following web site:
<http://www.dhhs.state.nc.us/mhplan/>

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